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CONFIRMATION NO. 7993

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|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/614,773 | FILING DATE<br>07/08/2003<br><br>RULE | CLASS<br>220 | GROUP ART UNIT<br>3727 | ATTORNEY<br>DOCKET NO.<br>ENP-14704 |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|

APPLICANTS  
 Thomas G. Carter, Kent, OH;

\*\* CONTINUING DATA \*\*\*\*\*  
*None*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 10/02/2003

|   |  |                               |                       |                            |
|---|--|-------------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>OH                  | SHEETS<br>DRAWING<br>4        | TOTAL<br>CLAIMS<br>28 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | EXAMINER'S SIGNATURE<br><i>[Signature]</i> | INITIALS<br><i>[Initials]</i> |                       |                            |

Verified and Acknowledged

ADDRESS  
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 WILLOUGHBY, OH  
 44094-7836

TITLE *Method of forming*  
*Filament-reinforced composite thermoplastic pressure vessel fitting assembly and method*

|                               |   |  |
|-------------------------------|---|--|
| FILING FEE<br>RECEIVED<br>447 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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